

## WATER WELL PERMIT APPLICATION

INFORMATION TO BE FILLED OUT BY APPLICANT

ADDRESS OF WELL \_\_\_\_\_

**OWNER:**

NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE & FAX \_\_\_\_\_  
\_\_\_\_\_

**DRILLING CONTRACTOR:**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE & FAX \_\_\_\_\_  
\_\_\_\_\_  
CITY REG# / STATE LIC# \_\_\_\_\_  
\_\_\_\_\_

LEGAL DESCRIPTION  
LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ ADDITION \_\_\_\_\_

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Grid \_\_\_\_\_

**GENERAL INFORMATION - CHECK THE APPROPRIATE SPACE:**

BUILDING USE: COMMERCIAL \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ PUBLIC WATER SOURCE AVAILABLE: N/A \_\_\_\_\_ CITY \_\_\_\_\_ RWD# \_\_\_\_\_

PUBLIC WATER USED: YES \_\_\_\_\_ NO \_\_\_\_\_ PUBLIC SEWER AVAILABLE: YES \_\_\_\_\_ NO \_\_\_\_\_ PUBLIC SEWER USED: YES \_\_\_\_\_ NO \_\_\_\_\_

SURFACE WATER WITHIN 50FT: N/A \_\_\_\_\_ POND \_\_\_\_\_ CREEK \_\_\_\_\_ RIVER \_\_\_\_\_ PROPERTY LOCATED IN FLOODPLAIN: YES \_\_\_\_\_ NO \_\_\_\_\_

WELL INFORMATION: PERSONAL USE \_\_\_\_\_ LAWN & GARDEN \_\_\_\_\_ OTHER \_\_\_\_\_ WELL TYPE: CASSED \_\_\_\_\_ DRIVEN \_\_\_\_\_

**IMPORTANT: PROVIDE A SITE PLAN SKETCH ON THE BACK OR ATTACH TO THIS FORM ILLUSTRATING WELL LOCATION AND LABEL DISTANCES FROM PROPERTY LINES, STRUCTURES, EXISTING WELLS, SEWER LINES, SEPTIC TANK AND LATERALS, ANIMAL PENS, SURFACE WATERS, CHEMICAL STORAGE, AND ANY POTENTIAL SOURCE OF CONTAMINATION WITHIN 50FT OF THE PROPOSED WELL.**

**APPLICANT'S STATEMENT:** I hereby submit this application for a water well and certify the above information to be factual and true. I further certify that if the application is approved, the well will be constructed and operated with the approved plans, the requirements of the Health Officer and with all applicable laws, codes and regulations of the City of Wichita adopted or authorized by ordinance of the City Council and with all applicable laws and regulations of the State of Kansas, and that the Health Officer will be called for inspection upon installation of the well.

This application approval expires within one year from the date approved by the Health Officer and is not transferable to any owner of the location applied for other than the applicant who signed the applicant's statement.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION APPROVED BY ENVIRONMENTAL HEALTH INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_

FEES RECEIVED: TYPE \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ RECEIPT# \_\_\_\_\_

LOCATION IN IDENTIFIED GW CONTAMINATION AREA: Yes \_\_\_\_\_ No \_\_\_\_\_  
INSPECTOR COMMENTS:

The City of Wichita-Department of Environmental Health hereby releases to the owner, identified on this document, this **PERMIT** and authorizes the use of the approved water well. **THE ISSUANCE OF THIS PERMIT DOES NOT PROVIDE A WARRANTY BY THE HEALTH OFFICER OF SATISFACTORY OPERATION, BUT DOES REQUIRE THE OWNER TO BE RESPONSIBLE FOR PROPER OPERATION AND MAINTENANCE AND, IF NEEDED, MODIFICATIONS OF THE WELL OR OTHER ACTIONS TO ASSURE THE CONTINUOUS SATISFACTORY OPERATION.** The owner shall notify the Health Officer at time of listing the property for sale where this well is located; and this well shall be inspected prior to change of ownership of said property.

WELL INSPECTED AND APPROVED BY ENVIRONMENTAL HEALTH INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_